# 2019 Access to Health through Healthy Active Built Environments Grant Program

#### PROJECT PROPOSAL

| ounty Name: Blount County                          |  |
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| rimary Contact Person: _Robert Schmidt             |  |
| rimary Contact Person Email: Robert.Schmidt@tn.gov |  |
| rimary Contact Person Phone: _865-268-3715         |  |

## **Project Description**

Please provide a description of what you plan to build or implement with the grant funding:

The plan for these funds would be to support the Friendsville New Generation All Inclusive Playground and Pavilion project. Their goal is to provide an inclusive playground that accommodates all children and challenges each of them at their own developmental levels. The City of Friendsville plans to create a truly all-inclusive playground that will go far beyond ADA compliance in that it will be designed to encourage children of all abilities to play with one another. This is a playground that has better surfacing, enabling a child using a wheelchair to maneuver through the playground easier, has activities to challenge children and is rich in sensory activities, social experiences and physical play.

Project address or location. (All projects are required to be publicly accessible.)

105 Homecoming Cir Friendsville, TN 37737. Two areas of land that total in 0.10 acres, repurposed railroad bed in the heart of Friendsville.

Please explain how your proposed project addresses an identified health need in your community, the process you used to identify the need, and what process and partners you engaged to select this location for your project:

This project addresses two health concerns within the community. First is access to physical activity. Currently, the City of Friendsville does not have a public access playground. Second is obesity. The current rate of obesity in Blount County for 2-4 years 15%-19.9%, 5-9 years 22.5%, 10-17 years 37.7%, High school students 20.5%. The City of Friendsville has formed a recreation committee to help with planning and fundraising.

| Please describe how your project aims to improve equity in your community:   |
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| This project aims to improve equality by providing access to a physical activity to the community members of a rural part of the county. Equity would be improved by designing and creating an inclusive playground for everyone to enjoy, one that addresses the needs of typically developing children as well as children with neurological, intellectual and physical disabilities.  |
| as children with neurological, intellectual and physical disabilities.   |
| Please describe how your project will accommodate users with disabilities, if applicable:  |
| City of Friendsville plans to create a truly all-inclusive playground that will go far beyond ADA compliance in that it will be designed to encourage children of all abilities to play with one another. This is a playground that has better surfacing, enabling a child using a wheelchair to maneuver through the playground easier, has activities to challenge children and is rich in sensory activities, social experiences and physical play. |
| and priysical play.  |
| What health factors do you aim to improve with your project? (Please select all that apply)  Exercise  Social Interaction  Healthy Eating  Air Quality  Walkability  Bikeability  Pedestrian Safety  Cyclist Safety  Accessibility (for aging or disabled persons)  Access to Nature  Mental Health and Well-Being  Economic Development/Prosperous Communities  Early Brain and Development   |
| □Other:  |
| Please provide a list of partner or stakeholder organizations you plan to engage as part of your project and a brief description of their roles:  (Please add additional lines as needed)  1. <u>City of Friendsville</u>  |
| 2. Friendsville Recreation Committee   |
| Community/Local financial support  |

Please describe your plans for community engagement and how you will collaborate with community partners to ensure the success of your project:

A local recreation committee has been developed and meetings are taking place before city commission meetings and the public are invited and encouraged to attend.

| All projects are required to be publicly accessible. Do you plan to develop a joint use or shared use   |
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| agreement as part of your project?  |
| ⊠Yes □No  |
| What ages are the intended users of your proposed project? (Please select all that apply)   |
| ⊠Children ages 0-4  |
| ⊠Children ages 5-10   |
| ⊠Children ages 11-18  |
| □ Adults, ages 18-64  |
| ☐Adults, ages 65+   |
| What is the total dollar amount of Access to Health through Healthy Active Built Environments funding that will be used to support your project? \$ 20,000.00   |
| What is the total anticipated cost of your project including all other funding sources? \$ 243,000.00   |
| Please list any other funding sources and describe any in-kind contributions to your project, if applicable:  |
| Fund rising effort of \$10,000.00   |
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| Please describe the sustainability plan for your project once the grant period has ended, including responsibilities for maintenance or funding needed to continue the program, if applicable:  The City of Friendsville will allocated funds through public works for maintenance of the site and equipment. |
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#### **Work Plan**

Please attach a detailed work plan and timeline (no more than one page) of grant activities, including anticipated start date and completion date, and any interim steps including community meetings, equipment installation, etc. and who is responsible for each activity. Please note that all grant activities should be completed by May 30, 2020, or an extension request must be filed with the Division of Community Health Services by April 15, 2020.

#### **Evaluation Plan**

<u>Please attach an evaluation plan (no more than one page) for your project</u>, including the outcomes you plan to measure and the data collection methods you plan to use.

Please consult the Tennessee Department of Health's <u>Built Environment Evaluation Guide</u> when developing your evaluation plan. If you need further assistance with developing your evaluation plan, please contact your region's Healthy Development Coordinator.

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| Authorized Signature:                                       |
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| Printed Name: Robert Schmidt                                |
| Job Title: _Director of the Blount County Health Department |

### **Submission**

Please submit your project proposal, work plan, and evaluation plan to the Office of Primary Prevention via your Region's Healthy Development Coordinator on or before February 28, 2019.